

THE COMMITTEE ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN SEYCHELLES



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Data sourced from:

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1) General points concerning reporting to the CRC

Seychelles is a signatory party to many World Health Assembly Resolutions on infants and young children, such as the *International Code of Marketing of Breast-milk Substitutes* and its relevant subsequent WHA resolutions. Seychelles has also endorsed the *WHO/UNICEF Global Strategy for Infant and Young Child Feeding* and is also a signatory party to the *Convention of the Rights of the Child*.

- Seychelles is being reviewed by the CRC Committee for the 2nd time. At the last review, in 2002 (session 31), IBFAN did not send an alternative report on the situation of infant and young child feeding.
- During the last review, the CRC Committee made no recommendations on infant and young child feeding. However, it stated the need of the State party to 42 (a) “to enforce existing environmental regulations so as to ensure universal access to **safe drinking water** and sanitation.”

2) General situation concerning breastfeeding in Seychelles

General data

A total of 8,987 children fall in the age group 0-5 years, which represent 11.2% of the total population of Seychelles. Over the past years, the total number of births has been around 1,500 births per year.

Maternal death is not a regular occurrence and *maternal mortality rates* do not exceed more than one case per year. No cases have reported in 2006, 2007, and 2009. The *infant mortality rate* (IMR) has also stabilized for the past decade with an average of 11 per 1000 live birth.

In 2008 the main causes of infant mortality were:

- Respiratory Distress of the new born (14)
- Pneumonia (8)
- Haemorrhagic and Haematological Disorders of Foetus and Newborn (6).

Breastfeeding Data

Data collection on breastfeeding both on maternity and in the community is routine and ongoing. Statistics from the maternity unit surveillance indicate that exclusive breastfeeding rate upon discharge at maternity was at 78% in 2009. This indicates an increase of 20% from 58% in 2008.

However, data from community surveillance shows that exclusive breastfeeding rate quickly declines after discharge. In 2008, only 28.6% of babies were being exclusively breastfed at 6 weeks. This has increased in 2010 to be 43%.

Complementary feeding

Complementary feeding in some cases is reported to begin early as 2 to 3 months. However the majority of babies (90%) are introduced to complementary feeds at 6 months. (2010 data)

| | 2008 | 2009 | 2010 |
|--|--------|------|------|
| Breastfeeding rate at discharge from hospital | 58 % | 78 % | 83 % |
| Exclusive breastfeeding rate | | | |
| - At discharge | 58 % | 62 % | 78 % |
| - At 6 months | 1.5 % | - | 2 % |
| Breastfeeding at 6 weeks | 28,6 % | | 43 % |
| Initiation of breastfeeding | 60% | 52% | 60 % |
| Continued breastfeeding | | | |
| - At 12 months | | | 46 % |
| - - At 2 years | | | 19% |

Ante-Natal and Post Natal Care

All expectant mothers are targeted for ante natal care and for delivery in the maternity unit. In 2008, the attendance rate for ante natal care was 98.8 per cent and 99.1 per cent of deliveries took place in the maternity unit. In 2009, out of 1,538 deliveries, only 8 mothers did not turn up for ante natal care (0.6 per cent) and 3 (0.2 per cent) deliveries took place outside the maternity. (Register of cases, Maternity)

After discharge from the maternity, the mother and her baby are automatically referred for post natal care and follow up in their respective district health centres. Domiciliary post natal care is scheduled to take place within the first week after discharge. However, this is delayed most of the time due to staff shortage or transport problems. By the time domiciliary post natal care is initiated, breastfeeding is already disrupted in the majority of cases.

Maternal and Child Health All babies 0–4 years are targeted for the Maternal and Child Health services. The first visit is at six weeks and this is followed by subsequent monthly visits for the first year of life. The main focus of the child health services being: growth monitoring, immunization, developmental assessments, dental care and nutritional guidance. The care of the mother is integrated and she has access to reproductive health care when she visits the health centre with her baby.

The immunization programme covers 100% of children aged between 0 – 15 years and of pregnant women

3) Government efforts to encourage breastfeeding

Obesity and the National School Nutrition Policy

The *National School Nutrition Policy* (2008), which aims to improve the nutritional well-being of all school children in Seychelles through a school environment conducive to healthy eating, has been adopted by all schools but has not yet been fully implemented because of lack of staff and adequate monitoring.

Currently there is no report of under nutrition, however studies have shown that there is a tendency of growing **obesity** among children, which poses is a major challenge to children’s health. Obesity is linked to a change from traditional diets high in fish protein to more processed foods. Easy access to junk food, sugary and fatty foods make the fight against obesity almost impossible. Although parents show concern there has been little observed change in nutrition patterns.

A study conducted by the Unit for the Prevention of Cardio Vascular Diseases (UPCCD) in 2006 found that the prevalence of ‘excess weight’ in school children is at 19 %. This shows an increased from 8.7% to 13.5% in boys, and from 11.8% to 18.6% in girls from 1998 to 2004. The prevalence of ‘obesity’ increased from 2.1% to 5.2% in boys and from 3.1% to 6.2% in girls. Physical activity decreased over calendar years and was inversely associated with excess weight. (Bovet et al).

| | 1998 | 2004 |
|------------------------------|-------|--------|
| Excess weight | | 19% |
| Boys | 8.7% | 13.5% |
| Girls | 11.8% | 18.6 % |
| Prevalence of Obesity | | |
| Boys | 2.1 % | 5.2% |
| Girls | 3.1 % | 6.2 % |

Although micro-nutrient deficiencies are not prevalent among the population, cases of deficiencies such as iron deficiency are commonly reported among children and pregnant women.

4) The International Code of Marketing of Breast milk Substitutes

The Seychelles Hospital Infant Feeding Policy

The *Seychelles Hospital Infant Feeding Policy* was drafted a year ago, however it is still in the draft form and has been endorsed by the Central Management Team (CMT) which is the highest body in the Ministry of Health. Even though comprehensive, this policy applies only to hospitals.

The Ministry of Health upholds the Code of the Marketing of Breast-Milk Substitutes and subsequent WHA Resolutions by prohibiting:

- the display of posters or other materials provided by manufacturers or distributors of breast milk substitutes or any material that promotes the use of such products;
- any direct or indirect contact between employees of these manufacturers or distributors and pregnant women or mothers in the facility;
- distribution of samples or gift packs with breast milk substitutes or of marketing materials for these products to pregnant women or mothers or members of their families while in the facility;
- acceptance of free gifts (including food), non-scientific literature, materials or equipment, money or support for in-service education or events from these manufacturers or distributors by the hospital
- demonstrations of preparation of infant formula for anyone that does not need them, and

- acceptance of free or low cost breast-milk substitutes or supplies. Proof of purchase should be recorded.

The International Code of Marketing of Breast Milk Substitute also features in the ***National Food Act 1992***. However the Act is now under review and issues concerning Infant and Young Child Feeding will be included in the revised version.

Code Violations

The Family Health and Nutrition Unit in the MOH is body responsible for the implementation and monitoring of the Code. It should be noted that none of the team members have undergone formal training or exposure to deliver such a task. However, they are trying their best and when Code violations are identified, the complaint is submitted in writing to the Public Health Commissioner who in turn follows up the case with the concerned staff.

The main violation concerns acceptance of donation of breast milk substitute, by the Seychelles Trading Company (STC), which is a distributor of Nestle products. The donation went to the Communicable Disease Control Unit (CDCU), which is responsible for the care of infants whose mother is HIV positive. However this violation has occurred only once.

The free samples were then offered by the CDCU staff to normal newborn babies (who should be breastfed) as the donated stock was reaching expiry date. The incident was reported to the Family Health and Nutrition Unit in the MOH by health workers and the artificial milk was then used for other purposes than feeding infants.

5) Training on Breastfeeding

So far over 300 health personnel have been trained, and they have followed the course that is relevant to the work. Cadres including nurses, midwives, doctors and nutritionist have undergone courses such as Infant and Young Child Feeding, 20 hour Promotion and Support in a Baby-Friendly Hospital and BFHI middle Level Management Course.

A total of 7 courses have been delivered and 124 such professionals have been trained. One 20 hour course is still pending to be delivered during the last quarter.

Courses for other cadres of Health Workers:

- Four half day courses for Allied Health Professionals – 80 participants.
- Four one-day courses for supportive staff working with mothers and their babies – 67 participated
- Two half-day courses for supportive staff – 21 participated.

Training of health workers on breastfeeding will be ongoing and all new employees of the MOH will be sensitized to the Infant Feeding Policy within six months of employment. The policy also stipulated that such training should be included in the pre- service curriculum and as of next year, the implementation team will negotiate with the National Institute of Health Studies and Social Studies (NIHSS) to implement the training.

6) Baby Friendly Hospital Initiative (BFHI)

The Ministry of Health runs a total of 4 maternities. The main maternity is in the Seychelles Hospital and it has a capacity of 30 beds where the majority of the deliveries take place.

Although Seychelles is a signatory for the BFHI, it is only recently that we have started venturing in the process for accreditation. So far there are no certified maternity or clinics.

The Government of Seychelles through the MOH fully supports the measures that are being taken for the Seychelles Hospital to be accredited Baby Friendly. The Ten Steps to successful breastfeeding are in place, and some steps e.g. rooming-in, is fully implemented. However, some steps needs to be further strengthened. For example, in an effort to promote community support, a group of youth workers has been trained, one from each district, so that they can assist in the promotion of breastfeeding especially to the young mothers.

In support of the initiative, it should be noted that almost 100% of deliveries takes place in the maternity. All expectant mothers have access to ante natal care and on average a total 10 ante natal visits are attained. The expectant mothers are well prepared on breastfeeding under the continuous health education given during ante natal care. The expectant mothers also participate in the 'sophrology' (parent craft) classes and such services are available for couples if they wish to attend with their partner. A nutrition counselling class is also available where expectant mothers are given advice on diet in pregnancy, breastfeeding, and complementary feeding.

During the post natal examination which is done at 6 weeks, the lactating mothers desiring to take oral contraceptives are supplied with Progesterone Only Pill.

7) Maternity protection for working women

Maternity Leave

All women in the public and private sector irrespective of marital status are entitled to 14 weeks of paid maternity leave (including 2 weeks prior to delivery) and up to 4 weeks of unpaid leave.

Expectant women are offered job security and cannot be terminated while on sick leave or maternity leave. Sick leave for parents who have to attend to sick children is granted upon production of a medical certificate. There is no provision for paternity leave. The Seychelles CEDAW State Party Report 2010 notes that a large majority of women work in the hotel industry, tuna factory and health services where shift work is the norm. Juggling child care and working schedules are extremely stressful especially in the cultural context where responsibility for children falls disproportionately on women. (*ECCE framework 2011*)

Extended Maternity Leave – Mothers who want to extend their maternity leave by taking sabbatical leave on a non-paid basis are granted. In support of this initiative, they are given back their job on completion of leave.

Day Care centre – These are available in some districts and the mothers make use of them as they are centrally located within the districts. Some mothers make use of day care facilities (especially when they are located close to workplace) as it gives them the opportunity to breastfeed their babies during their break. The Ministry of Education has the portfolio responsibility for overall standards in day care centres. All operators wishing to start a day care centre must register with the Ministry of Education. Day care operators have undergone training which included infant and child nutrition including breastfeeding.

8) HIV and infant feeding

The National Health Strategy Framework (2006-2016) was adopted in 2007 and includes a section dedicated to children and adolescents, especially those from dysfunctional families. In terms of HIV and AIDS, the National HIV and AIDS Strategic Plan 2005-2009 is intended to guide the country's response, and makes special reference to the needs of children infected and affected by HIV.

In an effort to address Prevention of Maternal to Child Transmission of HIV (PMTCT) all pregnant women attending antenatal care are counseled and encourage to do the HIV test. Provisions are made for clients to board on antiretroviral and to follow PMTCT management guidelines.

There are a total of 480 cumulative cases of HIV/Aids in Seychelles. As of January 2011 there were 11 confirmed cases of maternal to child transmission, 1 case through sexual contact and 1 unconfirmed source of infection.

All mothers detected with HIV are referred to the Communicable Disease Control Unit (CDCU) for counseling and management of infant feeding. The CDCU protocol, which applies only to hospitals, stipulates that children of HIV positive mothers should be fed exclusively on formula feeds as a measure to prevent PMTCT. The mothers are assisted with a supply of 10 tins of formula per month for a period of six months. Those falling in the low socio economic bracket are further assisted up to one year and over if necessary.

The draft Hospital Infant Feeding Policy, mentioned above, is aimed at healthy full term babies. It does not cover much on HIV and infant feeding. However, it specifies that the health team caring for the mother and baby can come up with their own care plan and any deviations should be clearly documented. The policy states that mothers who are not breastfeeding should be taught how to prepare infant feeding formula, and care of feeding utensils.

9) Obstacles and recommendations

The following obstacles / problems have been identified:

- Very low exclusive breastfeeding rates at 6 weeks and 6 months.
- Relatively low rates of continued breastfeeding
- Data collection needs to be re-emphasized and strengthened. Lack of qualitative data and omissions for certain period e.g. 3 months, 15 months
- Government support for exclusive and continued breastfeeding should be stronger.
- Full implementation of the Infant Feeding Policy and revision of the National food Acts.

Our recommendations include:

- **Adopt a comprehensive Infant and Young Child Feeding (IYCF) policy, which goes beyond hospitals and also covers HIV/IF and infant feeding in emergencies.**
- **Improve exclusive breastfeeding rate e.g. by strengthening community involvement and capacity (knowledge and skills) of health care workers.**
- **Extend the maternity leave in order to allow for exclusive breastfeeding up to 6 months. Assist mothers who go on sabbatical by providing them with a percentage of their salary. Increase support to working mothers by e.g. setting up day care facilities in all districts, and introducing day care centers in work places.**
- **Intensify measures to implement the International Code. Take measure to effectively enforce the Code and prevent violations through establishing a permanent and independent monitoring mechanism.**
- **The Family Health and Nutrition Unit in the MOH, which is officially responsible of monitoring the compliance with the *Hospital Infant Feeding Policy*, should be officially trained to monitor compliance with the International Code. The training should also be expanded to health care professionals and workers of the day care centers.**
- **Intensify steps towards the implementation of the Baby Friendly Hospital Initiative, through certifying hospitals as baby and mother friendly. The implementers of the BFHI and the Code need to be trained in order to increase their competence.**
- **Post-natal care should be improved and intensified especially domiciliary visits in the first 6 months of the child's life, which is necessary for supporting exclusive breastfeeding.**
- **Revisit the data collection process.**

Annex

Proportions of working women

Labour Participation Rates by Sex, 1994 and 2002

| Age group | Male | | Female | | Total | |
|--------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 1994 | 2002 | 1994 | 2002 | 1994 | 2002 |
| 15 < 20 | 32.3 | 40.5 | 30.4 | 32.0 | 31.4 | 36.3 |
| 20 < 25 | 88.9 | 89.8 | 82.6 | 84.5 | 85.8 | 87.2 |
| 25 < 30 | 93.7 | 93.5 | 87.1 | 88.8 | 90.3 | 91.2 |
| 30 < 35 | 93.8 | 94.6 | 85.4 | 89.7 | 89.6 | 92.2 |
| 35 < 40 | 94.0 | 93.4 | 82.6 | 89.9 | 88.7 | 91.7 |
| 40 < 45 | 92.2 | 92.6 | 78.8 | 87.4 | 86.2 | 90.1 |
| 45 < 50 | 90.7 | 91.0 | 73.6 | 84.1 | 82.8 | 87.8 |
| 50 < 55 | 86.1 | 86.3 | 64.6 | 78.2 | 75.2 | 82.6 |
| 55 < 60 | 76.0 | 79.7 | 52.4 | 66.2 | 63.4 | 73.0 |
| 60 < 65 | 52.6 | 51.5 | 30.3 | 40.3 | 40.7 | 45.3 |
| 65 + | 6.1 | 9.4 | 3.3 | 3.0 | 4.9 | 5.5 |
| Total | 68.1 | 77.2 | 56.1 | 67.4 | 62.1 | 72.3 |

Source: Census 2002